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LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
 600 South Avenue West
 Westfield, New Jersey 07090

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William A. Di Bianca	(Depositor's name)
/William A. Di Bianca/	(Signature)
November 2, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,629	02/23/2004	Joseph P. Errico	SPINE 3.0-437CIP CIPCIPCIPCPCOV	8400

TITLE OF INVENTION: INSTRUMENTATION FOR MANIPULATING ARTIFICIAL INTERVERTEBRAL DISC TRIALS HAVING ACYLINDRICAL ENGAGEMENT SURFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	11/28/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS		
N. W. Woodall		3775	606-099000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.
- Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	Lerner, David, Littenberg, Krumholz & Mentlik, LLP
2	
3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SpineCore, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Summit, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order -# of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____	/William A. Di Bianca/	Date _____	November 2, 2009
Typed or printed name _____	William A. Di Bianca	Registration No. _____	58,653

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on November 2, 2009
Date

/William A. Di Bianca/

Signature

William A. Di Bianca

Typed or printed name of person signing Certificate

58,653

Registration Number, if applicable

(908) 654-5000

Telephone Number

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Issue Fee Transmittal (1 page)

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